

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002132

**FILED**  
**Feb 13, 2007**  
**Secretary of State**

**Entity Name:** RE-EMPLOYMENT SPECIALISTS, LLC

**Current Principal Place of Business:**

800 LOMAX STREET  
106  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

2821 BOLTON ROAD  
B  
ORANGE PARK, FL 32073

**Current Mailing Address:**

800 LOMAX STREET  
106  
JACKSONVILLE, FL 32204

**New Mailing Address:**

2821 BOLTON ROAD  
B  
ORANGE PARK, FL 32073

**FEI Number:** 59-3696959

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GILLIS, CHARLES S  
800 LOMAX STREET  
106  
JACKSONVILLE, FL 32204 US

**Name and Address of New Registered Agent:**

GILLIS, CHARLES S  
2821 BOLTON ROAD  
B  
ORANGE PARK, FL 32073 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

02/13/2007

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GILLIS, CHARLES S  
Address: 800 LOMAX STREET, STE 106  
City-St-Zip: JACKSONVILLE, FL 32204

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GILLIS, CHARLES S  
Address: 2821 BOLTON ROAD, SUITE B  
City-St-Zip: ORANGE PARK, FL 32073

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHARLES S. GILLIS

CEO

02/13/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date